

**ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **459**
Registrar's No. **141-R**

1. Place of Death: (a) County Yavapai (b) City or Town Humboldt (c) Location Ariz. National Mine.
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 0 In Community 25 years In Arizona 25 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Prescott (b) County Yavapai (c) City or Town Arizona
(If outside city limits write RURAL)
(d) Street No. _____ (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Frank M. Anderson (b) If veteran _____ (c) Social Security No. none
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Divorced
6. (b) Name of husband or wife No record 6. (c) Age of husband or wife, if alive. _____ yrs.
7. Birthdate of deceased NOV. 10, 1859.
(Month) (Day) (Year)
8. AGE: Years 80 Months 7 Days 5 If less than one day _____ hrs. _____ min.
9. Birthplace Keokuk Iowa
(City, town or county) (State or Country)

10. Usual Occupation Mining
11. Industry or Business _____

Father 12. Name Capt. Israel Anderson
13. Birthplace Keokuk, Iowa.
(City, town or county) (State or Country)

Mother 14. Maiden Name Sarah Hamilton
15. Birthplace Frankfort, Kentucky.
(City, town or county) (State or Country)

16. (a) Informant's own signature Son. Frank Anderson
(b) Address Keokuk, Iowa.

17. (a) Burial, Cremation or Removal Burial
(b) Place Prescott (c) Date Jun. 20, 1940.
(b) Place Prescott (c) Date Jun. 20, 1940.
18. (a) Embalmer's Signature Lester Ruffner
(b) Funeral Director Lester Ruffner
(c) Address Prescott, Arizona.

19. (a) 6-20-40
(Date received local Registrar)
(b) J. C. Mally
(Registrar's Signature)
5M 100% Reg 1-1-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 15, 1940.
TIME (Hour and minute) _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Probable arteriosclerosis
Due to Natural Cause
Chronic Alcoholism

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature W. J. Mayer Coroner. _____ M.D.
Address Yavapai, Arizona Date signed _____